

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014387

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 106

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN FultonLength of stay in lb
10 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Callaway

c. CITY OR TOWN Fulton Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 707 Court St.Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
707 Court St. Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Paul W. Griggs4. DATE OF DEATH Month Day Year
April 24 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/24/1885 77

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
S. Millersburg, Mo12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

George E. Griggs

13b. MOTHER'S MAIDEN NAME

Fannie Vemer

14. NAME OF HUSBAND OR WIFE

Sallie E. Griggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) no17. INFORMANT Address
Mrs. Paul W. Griggs Fulton, Mo18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRO VASCULAR ACCIDENT

INTERVAL BETWEEN
ONSET AND DEATH
INSTANT.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

2 PREVIOUS C.V.A.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to present and last saw him alive on 2-17-62

Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James E. Hee MD

22b. ADDRESS

Fulton, Mo

22c. DATE SIGNED

4-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Apr. 26, 96

23c. NAME OF CEMETERY OR CREMATORY

Callaway Memorial Gardens

23d. LOCATION (City, town, or county)

Fulton

(State)

Mo

24. FUNERAL DIRECTOR

Dorothy L. Lunsford, Fulton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

April 26-1962

26. REGISTRAR'S SIGNATURE

Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

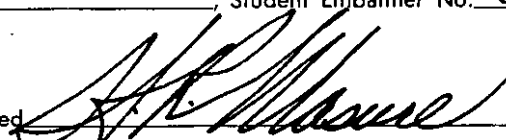
MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Leon Dale Toedtman, Student Embalmer No. 650
working under my personal supervision.

Student Leon Dale Toedtman
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4996

P. O. Address

Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.